2862

12832

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
STREET ADDRESS (If rural, give location) 380 Main Street

3. NAME OF DECEASED (Type or Print): (First) Abner (Middle) Stephen (Last) Allen

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 22, 1892 — 9. AGE last birthday: 61 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk — 10b. KIND OF BUSINESS OR INDUSTRY: US Government

11. BIRTHPLACE (State or foreign country): Charles Town W. Va. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Allen — 14. MOTHER'S MAIDEN NAME: Ida Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS 380 Main St Mrs. Daisy Allen Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 6 Wks.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 5 Yrs.

(c) Diabetes Mellitus — 6 Yrs.

Myocarditis - Chronic. — 3 Yrs

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1946, to 3/31, 1954, that I last saw the deceased alive on 3/30, 1954, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E M Warren M D — ADDRESS Laurel Md — DATE SIGNED 3/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 4/3/54 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Apr 6 - 1954 — REGISTRAR'S SIGNATURE James E Devers

24. FUNERAL DIRECTOR — ADDRESS De Witt Donaldson, Laurel, Md

RECEIVED
APR 7 1954
BUREAU V. S.

2863

02833

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 days 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 204 - 6th Street

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Asmus Asmussen	3	15	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		Aug. 24, 1858	95 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farming	(Own Farm (Ret)	Germany	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hans Asmussen	Margerita (don't know last)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Son: Henry Asmussen (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

606X
Immediate cause (a) Dehydration, uremia, malnutrition — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Urinary obstruction, old age, — 5 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-13-54	Cystectomy	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1954, to 3-15, 1954, that I last saw the deceased alive on 3-15, 1954, and that death occurred at 4 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED: 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/18/54	East New Market	East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 18 - 54	James Devey	Ruth L. Willoughby	East New Market Md
3/17/54			

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MAR 19 1954
BUREAU V. S.

Items: 3, 8,9,11, 13, 14 15: film 0162 3-29-53 L

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02834

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS rear of 2623 Nicholson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1337-21st Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leo	Levy Levi	Baden	Mar.	15	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Dec. 1st, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S.Govt.	Maryland, Brandywine	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS BENJAMIN BADEN	MARY CHARLOTTE KIRBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW I-1917-1921		Thos. L. Baden, 2623 Nicholson St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Laceration of brain	
	(c) Gunshot wound of head	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Yard	Hyattsville	Pr. Geo.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Mar. 15, 1954 m.		Self inflicted wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Deputy Medical Examiner	Hyattsville, Md.	1-15-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/19/54	Ascension Church Cem.	Bowie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 17, 1954	James Devey	F. Gaschs Sons	Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAR 19 1954
BUREAU V. S.

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02835

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 38	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg — 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen'l Hospital	STREET ADDRESS (If rural, give location): 5315 Taylor Street.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LOTTIE	HARTMAN	BAILEY		March	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	married	Jan 31, 1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk & Housewife	Apt House Home	Washington DC	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph A. Miller	Sally M. Leachum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no — no	579-01-6058	Mrs Mae Van Horn - 5211-04th, Coral Hills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194X

Immediate cause (a) Carcinoma of Thyroid — Interval between onset and death: 15 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1939	Carcinoma of Thyroid	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 15, 1939, to March 22, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brannin	MD	612 4 Central Ave Capitol Hgts Md	3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/24/54	Wash. Gdn.	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/54	Amanda Sweney	W. W. Chambers Co.	517 11th St SE

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MAR 26 1954
BUREAU V. S.

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02836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier — LENGTH OF STAY (In this place): 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4108 29th Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 4108 29th Street

3. NAME OF DECEASED (Type or Print): (First) ERNST (Middle) FREDRICK (Last) BANKMANN

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 4, 1882

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): East Prussia, Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Eduard Bankmann

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: 578-18-1390

17. INFORMANT: Mrs. Freida Livingston, Dtr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.8

Immediate cause (a) Carcinomatosis (Primary ?) Right Sub-Clavicular Area — 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 26, 1954

19b. MAJOR FINDINGS OF OPERATION: Cancer of Rt. Sub-clavicular area

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1953, to Mar. 9, 1954, that I last saw the deceased alive on Mar. 8, 1954, and that death occurred at 6:55 P. m., from the causes and on the date stated above.

SIGNATURE: Charles C. Hageage — (Degree or title) M.D. — ADDRESS: Mount Rainier, Md. — DATE SIGNED: March 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 12, 1954 — NAME OF CEMETERY OR CREMATORY: Arnon Church Cemetery — LOCATION (City, town, or county) (State): Forestville, Virginia

DATE REC'D BY LOCAL REG.: March 11, 1954 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: W.W.CHAMBERS CO. — ADDRESS: Riverdale, Md.

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MAR 15 1954
BUREAU V. S.

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2865

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Maryland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Dale, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 4, 1882

9. AGE last birthday: 71 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nottingham, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Barnes

14. MOTHER'S MAIDEN NAME: Sarah Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Suzie Snowden - Glendale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Acute Failure A.S. Basis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1954 to 3/25, 1954, that I last saw the deceased alive on 3/25, 1954, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Md — ADDRESS: 913 - 19th St NW — DATE SIGNED: Washington DC

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/29/54 — NAME OF CEMETERY OR CREMATORY: Glendale Cemetery — LOCATION (City, town, or county) (State): Glendale, Md.

DATE REC'D BY LOCAL REG.: 3/26/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Edmonson - 611 K St NW — ADDRESS: Wash DC

MARGIN RESERVED FOR BINDING

RECEIVED
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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ~~240~~ 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo? Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie, Maryland
STREET ADDRESS (If rural, give location): Lakeland Rd Lakeland

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Barnett

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: July 4, 1885

9. AGE last birthday: 6 70 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Handyman

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Barnett

14. MOTHER'S MAIDEN NAME: Elsie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bessie Clemons 5100 Lakeland Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary congestion + edema — 24 hrs.

(c) Coronary arteriosclerotic heart disease with old infarct —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/54, 19..., to 3/10/, 1954, that I last saw the deceased alive on 3/10, 1954, and that death occurred at 5:25 A.m., from the causes and on the date stated above. 3/11/54

SIGNATURE: Frederick E. Musser (Degree or title) MD — ADDRESS: 7409 Varnum St Landover Hills Md — DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) — DATE: 3-14-1954 — NAME OF CEMETERY OR CREMATORY: Queens Chapel — LOCATION (City, town, or county): Muirkirk Md (State)

DATE REC'D BY LOCAL REG: 3/19/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Henry S. Washington — ADDRESS: 467 N St NW DC

MARGIN RESERVED FOR BINDING

MAR 22 1934
BUREAU V. S.

2855

12639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5620 Ager Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5620 Ager Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) A. (Last) Barrett
4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/28/1871
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Robert Barrett
14. MOTHER'S MAIDEN NAME: Johanna Dungan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Vincent Barrett — 2004 Rittenhouse St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 26 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1954, to Mar 6, 1954, that I last saw the deceased alive on Mar 5, 1954, and that death occurred at 9 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Vincent Barrett M.D. 6220 Ager rd Hyattsville 3-6-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar 9 1954
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. March 6 1954
REGISTRAR'S SIGNATURE: Mrs Jas Severe Deputy (Local)
24. FUNERAL DIRECTOR: Francis J. Collins
ADDRESS: 3821-14th St. N.W. Wash D.C.

VS. A15

RECEIVED
MAR 9 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 49th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 318 49th Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Leo (Last) Batters

4. DATE OF DEATH (Month) Mar. (Day) 7 (Year) 1954

5. SEX m

6. COLOR OR RACE w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 11, 1883

9. AGE last birthday 70 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Carolin Gale, 318 49th Ave Capital Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
491X Immediate cause	(a) Broncho pneumonia	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	1 week
	(c) Progressive Muscular Dystrophy	20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Mar 7, 1954, that I last saw the deceased alive on Mar. 4, 1954, and that death occurred at 1 30 p.m., from the causes and on the date stated above.

SIGNATURE J. O'Connor (Degree or title) MD ADDRESS 4400 Bowen Rd S.E. Wash. D.C. DATE SIGNED 3-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE MAR 8, 1954

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Pleasantville, N.J.

DATE REC'D BY LOCAL REG. Mar 8, 1954

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS 300 4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1954
BUREAU V. S.

3146

Item 3: funeral director's statement 3-10-54 L

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3714 Parkwood Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City; STREET ADDRESS (If rural give location) 3714 Parkwood Street

3. NAME OF DECEASED: (First) Herman (Middle) - (Last) BECKENSTRATER (Type or Print)

4. DATE OF DEATH: (Month) Mar (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	Feb. 8, 1877	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Wisconsin	U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Parkinsonian Organic Senile Degeneration — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart & Kidney Disease

DUE TO

(c)

442X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1954, to 3-1, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerard Hergeaac M.D. ADDRESS 3713 Edgewood Cottage City Md DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/54	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR March 3 1954 | REGISTRAR'S SIGNATURE Mrs Jas Revere (Mildred) Registrar | 24. FUNERAL DIRECTOR Matthews Funeral Home ADDRESS 3700 - R.I. Ave. Mt. Rainier, Md.

3/4/54 Amanda Downey

VS. A15

RECEIVED
MAR 8 1954
BUREAU V. S.

2868

02842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3614 - Hamilton St

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) Laws (Last) Bell.

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 9-3-1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Car Repairman (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Terminal Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Bell

14. MOTHER'S MAIDEN NAME: Martha Carrico

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Archie M. Bell - 6113 - 43rd St. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause (a) Massive intestinal hemorrhage (duodenal ulcer) — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ulceration & fibrosis of head of pancreas — ?

DUE TO

(c) Biliary obstruction following Whipple procedure — 5 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1954, to 3-1, 1954, that I last saw the deceased alive on 2-28, 1954, and that death occurred at 6 20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Rudolph Hensler Jr. ADDRESS 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 4/54

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Suitland, Pr. Geo. Cty. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/2/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co - Riverdale, Md ADDRESS

VS. A15

RECEIVED
MAR 8
BUREAU V. S.

02843

2910

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. to 242

1. PLACE OF DEATH, COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forrestville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY: PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORESTVILLE
STREET ADDRESS (If rural, give location): P.O. BOX 283 ROUTE 1

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Elizabeth (Last) BELT
4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3 — 1874
9. AGE last birthday: 80 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: FRANK SNOWDEN
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT: J. ROBERT BELT — (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocarditis	1 YR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	4-5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-11th 1954, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE: Wm. W. Spiller (Degree or title) M.D. ADDRESS: Office 4506 R. I. Ave. Brentwood Md. DATE SIGNED: 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-17-54
NAME OF CEMETERY OR CREMATORY: St. Lukes
LOCATION (City, town, or county) (State): Centerville Md.

DATE REC'D BY LOCAL REG.: Mar. 15-54
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: John T. Stewart — ADDRESS: 30 H St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1971
BUREAU V. S.

2911

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1264

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6218 Foote Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant.
STREET ADDRESS (If rural give location) 6218 Foote Street

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) MATILDA (Last) BETTIS

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	married	Nov. 24, 1901	52 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife TELEPHONE OPER.	C & P. TEL. CO	Seabrook Maryland	U.S.A.

13. FATHER'S NAME: Charles L. Dearstone

14. MOTHER'S MAIDEN NAME: Mary Dyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no.	No	577281606	Wallace G. Bettis 6218 Foote St. Seat Pleasant, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Glioblastoma (left hemisphere) — Interval Between Onset And Death: ..

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 22, 1953.	Glioblastoma (left hemisphere)	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 20, 1953, to March 10, 1954, that I last saw the deceased alive on March 9, 1954, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	MD	6124 Central Ave, Capitol Hgts Md	3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 15, 54	Arlington National	Arlington,	Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-54	Carrie F. Campbell	W. W. Chamberlain Co.	617 11th St. S.E. D.C.

VS. A15

RECEIVED
1954
BUREAU V. S

2912

(12845)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts. — LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts.
STREET ADDRESS (If rural give location) 7306 Halleck St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) WASHINGTON (Last) BOLT
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	6/18/69	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Chambers Co. Ala.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William B. Bolt.
14. MOTHER'S MAIDEN NAME: Carrie Webb.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gleskion E. Bolt. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized arteriosclerosis, A.S. HD.	15 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bathism Prostatic Hypertrophy,	15 mos
	(c) Severe cystitis, secondary to Infected catheterization	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1954, to 3-18-, 1954, that I last saw the deceased alive on 3-18-, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David L. Gordon, MD — ADDRESS 5731 23rd Parkway SE. — DATE SIGNED 3-18-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/54	Lanett	Lanett Ala.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 19, 54	Carrie L. Campbell	W.W. Chambers Co.	517 N. 8th St E

VS. A15

RECEIVED
MAR 24 1954
BUREAU V. S.

2809

3633

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PG
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cedar Heights.
STREET ADDRESS (If rural give location) 6312 - Sheriff Road.

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) (Last) Brayton

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 24, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ruben Redd

14. MOTHER'S MAIDEN NAME: Gabriel Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial infarction — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary heart disease — 10 yrs.

DUE TO

(c) Cerebral Hemorrhage — 6 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1954, to 3/4, 1954, that I last saw the deceased alive on 3/3/, 1954, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Musser, M.D. ADDRESS 7409 Varnum St. DATE SIGNED Landover Hills, Md 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 3/4/54

NAME OF CEMETERY OR CREMATORY 800 Wolfe St

LOCATION (City, town, or county) (State) Alexandria Va

DATE REC'D BY LOCAL REGISTRAR 3/4/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gaschs Sons ADDRESS Hyattsville, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince Georgia MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
LENGTH OF STAY (in this place) 06 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aquasco

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georgia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) HELEN (Last) BROOKS

4. DATE OF DEATH (Month) MARCH (Day) 29 (Year) 1954

5. SEX F

6. COLOR OR RACE BLK

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH MARCH 1888

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (State or foreign country) AQUASCO, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ABRAHAM CRAIG

14. MOTHER'S MAIDEN NAME PHYLLIS ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS MARGARET BROOKS 2625 11th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 x

Immediate cause (a) Coronary insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral stenosis

(c) Arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to March 1954 that I last saw the deceased alive on March 17, 1954 and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE Alfred R. Lapin (Degree or title) ADDRESS Clinton, Md DATE SIGNED March 30, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/2/54

NAME OF CEMETERY OR CREMATORY St Phelps

LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REG. 3/31/54

REGISTRAR'S SIGNATURE [signature] L. H. Billingsley

24. FUNERAL DIRECTOR Hunt & Ryan Wald ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sanham
LENGTH OF STAY (in this place) 10 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Zollenhofer's Spring House

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sanham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charley (Middle) (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) 3 - 26 - 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 1, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Handyman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? A.S.A.

13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Maria Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter Brown - Brother - Sanham Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exposure

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY Edmonson Funeral Service
LOCATION (City, town, or county) (State) 611 K St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 3/27/54
REGISTRAR'S SIGNATURE Amada Downey
24. FUNERAL DIRECTOR Edmonson Funeral Service ADDRESS
Carrie F. Campbell, Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41; STREET ADDRESS (If rural give location) 665 Montgomery St.

3. NAME OF DECEASED: (First) August (Middle) (Last) Brunner

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-16-93

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Night Watchman

11. BIRTHPLACE (State or foreign country): Guilford, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick O. Brunner

14. MOTHER'S MAIDEN NAME: Susan Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-26-4449

17. INFORMANT & ADDRESS: Edith May Brunner Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1954, to 3/1, 1954, that I last saw the deceased alive on 3/1, 1954, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Direct Brunner M.D. ADDRESS 3503 Perry W. Ant Rainier MD DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3/5/54 NAME OF CEMETERY OR CREMATORY West Lawn LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 3/2/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Mitchell Donaldson ADDRESS Laurel Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5442 Taylor Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 5442 Taylor Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Stanley	Burt	3 -	22 -	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	4-20-90	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	U.S. Govt	Illanois	USA

13. FATHER'S NAME: Charles William Burt
14. MOTHER'S MAIDEN NAME: Laura Virginia Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Stanley Burt, 2305 Crestlawn, Cheverly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D.	Cheverly-Hyattsville, Md. Pr. Geo.	3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 24, 1954	Fort Lincoln Cemetery	Colmar Manor, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/54	Amanda Downey	F. Gasch's Sons	Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/5

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.	STREET ADDRESS (If rural, give location) 1432—V—St., S.E.

3. NAME OF DECEASED (Type or Print)	(First) EVA	(Middle) I.	(Last) CALLAHAN	4. DATE OF DEATH	(Month) March	(Day) 8th	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Oct. 10, 1900	9. AGE last birthday 53 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charleston, West Va.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME unknown Koontz	14. MOTHER'S MAIDEN NAME Fannie Ripley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS James P. Callahan 1432-V-St., S.E., Washington, D.C.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
416X Immediate cause	(a) Acute Cardiac Decompensation	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation c̄ Decompensation + Marked Cardiac Hypertrophy	2 months
	(c) Rheumatic Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 8, 1951, to March 8, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 11 55 a.m., from the causes and on the date stated above.

SIGNATURE: Walcott W. Gibson, M.D. (Degree or title) ADDRESS 2412 Minnesota Ave. S.E., Washington 20, D.C. DATE SIGNED March 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 10-54	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/8/54	Amanda Downey	Simmons Bro.	2007-Nichols Ave SE Wash. D.C.

Mar 10 1954 James Severy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (RURAL) X — LENGTH OF STAY (in this place) 2 mo., 15 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital	STREET ADDRESS (If rural give location) 316- D., St., S.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) CARTER

4. DATE OF DEATH: (Month) MARCH (Day) 20th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 7/3/13

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Investigator

10b. KIND OF BUSINESS OR INDUSTRY: Finance Co.

11. BIRTHPLACE (State or foreign country): Culpepper, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Carter

14. MOTHER'S MAIDEN NAME: Sallie Turner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 224-16-6868

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) PULMONARY TUBERCULOSIS

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 1 yr 9 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 4th, 1954, to MARCH 20th, 1954, that I last saw the deceased alive on MARCH 20th, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinicane (Degree or title) M.D. — ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland — DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 3/21/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Culpepper, (State) Va.

DATE REC'D BY LOCAL REGISTRAR 3/21/54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Robert McGuire — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Highland Park — LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1104-70th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Highland Park
STREET ADDRESS (If rural, give location) 1104-70th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Edward (Last) Chase

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Oct 5, 1916	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Edw Chase	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dofemia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pulmonary tuberculosis	
DUE TO		
	(c)	

002.X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Malone (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3-18-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/18/54	Henry S. Washington Mem. Home	467 N. St. NW. Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/19/54	Amanda Downey	Henry S. Washington 467 N. St. NW. Washington, D.C.

Carrie Campbell

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR
BUREAU V. S

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02854

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

* 138

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-Upper Marlboro — LENGTH OF STAY (in this place) Life.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-Upper Marlboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Rt.#4

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Littleford (Last) Coffren

4. DATE OF DEATH: (Month) 3- (Day) 3- (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 13, 1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Tobacco Farmer	Own Farm	Maryland.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Julius E. Coffren	Martha A. (nee Littleford)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	--	--	Mrs. Dorothy Coffren (Wife) Upper Marlboro, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive Heart Failure	3 weeks
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	15 yrs
DUE TO	(c) Emphysema	6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Inactive Pulmonary Tuberculosis — 3 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
no	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
no M.		

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Mar 3, 1954, that I last saw the deceased alive on Mar 3, 1954, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE James E. Tasseer (DEGREE OR TITLE) M.D. ADDRESS Upper Marlboro-Md- DATE SIGNED 3-4-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/6/54	Trinity Cemetery	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 6 1954	John F. Danner	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 . . :
BUREAU V. S.

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Film#G164 Item# 13,14 4/19/54 emf

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collington — LENGTH OF STAY (In this place) Transient	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a wooded area	STREET ADDRESS (If rural, give location) 1020 Forrest Drive

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Benjamin (Last) Dalton Jr.

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 26, 1922

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Danville, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard Benjamin Dalton, Sr.

14. MOTHER'S MAIDEN NAME: Nancy McCullough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) U.S. Navy Active

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Service Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

9731

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute Carbon Monoxide Poisoning DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF Place of death

21c. (City or town) Collington (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) 3 (Day) 26 (Year) 54 (Hour) ? M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Inhaled fumes from auto exhaust

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 30 March 1954 — NAME OF CEMETERY OR CREMATORY Naval Academy Cemetery — LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. 9 April 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2873

02855

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale — LENGTH OF STAY (in this place) 5 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5410 Jefferson Street,	STREET ADDRESS (If rural, give location) 5410 Jefferson Street,

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) VIRGINIA	(Last) DASHER	4. DATE OF DEATH (Month) March (Day) 9th, (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 5th, 1876	9. AGE last birthday 77 yrs. — If under 1 year Months, Days — If under 24 hrs Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Bullock County, Georgia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME Mary V. Hughes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Nellie D. Callahan--106--4th Street, Augusta, Georgia		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) C. U. A. — 3-6-54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerotic Heart & Kidney disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1954, to 3-9, 1954, that I last saw the deceased alive on 3-9, 1954, and that death occurred at 8 50 A.m., from the causes and on the date stated above.

SIGNATURE George J Hageage (Degree or title) M.D. ADDRESS 3717-38th Le Cottage City Md DATE SIGNED 3-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/10/1954	NAME OF CEMETERY OR CREMATORY North Side Cemetery	LOCATION (City, town, or county) Pembroke, Georgia (State)
DATE REC'D BY LOCAL REG. March 10 1954	REGISTRAR'S SIGNATURE James Devers	24. FUNERAL DIRECTOR W.W.Chambers Company, Riverdale, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

2853

02655

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 17, Metzerott Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Prince Georges

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park

STREET ADDRESS (If rural, give location) Box 17, Metzerott Road

3. NAME OF DECEASED: (Type or Print) (First) Irving (Middle) Hall (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-15-01

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Park & Planning

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Davis

14. MOTHER'S MAIDEN NAME: Susan Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Katie Davis, Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

541.1

Immediate cause (a) Toxemia

DUE TO

Antecedent cause(s) (b) Acute general peritonitis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Ruptured Peptic (duodenal) ulcer

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/19/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. March 19-1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR F. Fuchs Sons

ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2919

12857

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1102 - 54th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural, give location) 1102 - 54th Ave

3. NAME OF DECEASED: (Type or Print) (First) Izer (Middle) (Last) Davis

4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/23/89

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Davis

14. MOTHER'S MAIDEN NAME: Kate Weldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert Davis Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral compression

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral vascular accident

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-10-54

NAME OF CEMETERY OR CREMATORY Lincoln Park Cemetery

LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REG. Mar 9, 1954

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville Md

MAR 1
V. S.

2920

02858

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale — LENGTH OF STAY (In this place): 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): JAMES (First) ARTHUR (Middle) DEAN (Last)
4. DATE OF DEATH: March (Month) 8 (Day) 1954 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Nov 9, 1887
9. AGE last birthday: 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Penna Railroad
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Dean
14. MOTHER'S MAIDEN NAME: Margaret Quade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Minnie R. Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

Immediate cause (a) Carcinomatosis — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Carcinoma of Lung — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1953, to 3/8, 1954, that I last saw the deceased alive on 3/2, 1954, and that death occurred at 3 45 p.m., from the causes and on the date stated above.

SIGNATURE: James Kurtz (Degree or title) MD — ADDRESS: RFD Bowie Md — DATE SIGNED: 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 11, 1954 — NAME OF CEMETERY OR CREMATORY: Lt Lincoln Cemetery — LOCATION (City, town, or county): Colmar Manor (State): Md

DATE REC'D BY LOCAL REG.: March 8, 1954 — REGISTRAR'S SIGNATURE: Mrs. Jas Severe of Deputy Local — 24. FUNERAL DIRECTOR: F Gaschi Sons Hyattsville — ADDRESS: Md

Mar. 12, 1954 Mrs. Agnes M. Yingling

MARGIN RESERVED FOR BINDING

2874 Film#G164 Item# 14, See birth certificate Mar. 25, 1954 emf 4/8/54 02859

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammbrills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby girl (Middle) Dillon (Last)

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1954

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 3-25-54 | 9. AGE last birthday 2 days | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dillon William

14. MOTHER'S MAIDEN NAME Lillian Josephine Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Hospital Records Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5

Immediate cause (a) Respiratory collapse

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:34 p.m., from the causes and on the date stated above.

SIGNATURE A. Christensen (Degree or title) Md | ADDRESS College Park Md | DATE SIGNED 3/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/27/54 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 3/26/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gascha Sons, Hyattsville Md | ADDRESS

2034236992

MARGIN RESERVED FOR BINDING

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APR 1
BUREAU V. S.

2856

02860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Prince Georges

City or town: Hyattsville 15
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? January 2, 1945

Hospital, institution, or street address where death occurred:
Sacred Heart Home, 5805 Queens Chapel Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3205 Hamilton Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME
Frances Dressel

3.(b) Social Security Number

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: John G.

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 29, 1864

8. AGE: Years: 89 | Months: | Days: | If less than one day ... hrs. ... min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Andrew Heldman
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna Marie Riedle
15. Birthplace: Germany

16. Informant: Mrs. Mary Crowder
Address: 1702 E. Belvedere Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 3, 1954 (month) (day) (year)

Cemetery or crematory: Wesleyan Chapel Cemetery

Location: Havre de grace, Maryland

18. Funeral director: Leonard J. Ruck
Address: 5305 Harford Road #14

19. 4/1 1954 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1954, at 2 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1953 to March 31 1954 and that I last saw her alive on March 31 1954

Immediate cause of death: Coronary thrombosis — DURATION: 48 hrs.

Due to: 4 [illegible]

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Thomas F Collins M. D. or other

Address: 322 - H ave NE Date signed: 3-31-54

VS A15 9 15 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2857

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02861

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE
LENGTH OF STAY (in this place) 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGE'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE
STREET ADDRESS (If rural give location) 5805 QUEENS CHAPE. RD.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) C. (Last) FLYNN

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 9/14/68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENFORD J. SAUTER

14. MOTHER'S MAIDEN NAME: CATHERINE EISENHAUER

15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: SACRED HEART HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Carbo arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebrosis

DUE TO

(c)

Interval Between Onset And Death: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 1, 1954, to Mch 28 1954 that I last saw the deceased alive on Mch 27, 1954, and that death occurred at 2 to 4 A.M. from the causes and on the date stated above.

SIGNATURE Christos Brady (Degree or title) M.D.

ADDRESS 35 - N.Y. Ave. Nw.

DATE SIGNED Mch. 28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 31-1954

NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

LOCATION (City, town, or county) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR March 28 1954

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Francis J. Collins

ADDRESS 3821 - 14 St. N.W. Wash. D.C.

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MAR 31 19..
BUREAU V. S.

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02862

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Eugene Leland Hospital
COUNTY: Prince George — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale — LENGTH OF STAY (in this place): 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4408 Queenberry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Orlanda Florida 4 x
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Devine (Last) Fabel
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 25 - 1884
9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Tarrant
14. MOTHER'S MAIDEN NAME: Elsie Devine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

58 + X

Immediate cause (a) Hypostatic Pneumonia — 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Dilatation - Cholecystidomy

DUE TO

(c) Cholecystide C Stone.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/4/54
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis - Cholelithiasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1954, to 3/7, 1954, that I last saw the deceased alive on 3/7, 1954, and that death occurred at 1125, from the causes and on the date stated above.

SIGNATURE: N. B. Sunnard (Degree or title)
ADDRESS: 314 Compton ave
DATE SIGNED: 3/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3/11/54
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Orlanda Florida.

DATE REC'D BY LOCAL REGISTRAR: Mar 10 1954
REGISTRAR'S SIGNATURE: James Severe
24. FUNERAL DIRECTOR: W. R. Seely
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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02863

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5010 - 38th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5010 38th Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Victorine Ernestine Foley

4. DATE OF DEATH (Month) (Day) (Year) March 4 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 29 March 1868
9. AGE last birthday 85 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) France
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Vigneron
14. MOTHER'S MAIDEN NAME Ank.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Joseph Howard Foley Same as #2 (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of the cecum with obstruction & metastases

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 9 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1952, to 3-4, 1954, that I last saw the deceased alive on 3-2, 1954, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

SIGNATURE R. Bauer (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 3-4-54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 3-4-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Mar 4 1954
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR B. Gasch's Sons
ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAR 8 1954
BUREAU V. S.

2878

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02864

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3916 Nicholson St
STREET ADDRESS (If rural give location) Hyattsville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Violet (Middle) [illegible] (Last) Foley

4. DATE OF DEATH: (Month) 2-3 (Day) (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-14-84

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: James Simpson

14. MOTHER'S MAIDEN NAME: Ann Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hubert Foley - husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis (left frontal lobe) — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — ?

DUE TO

(c)

332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1953 to March 3, 1954, that I last saw the deceased alive on March 3, 1954, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Dud Clemans M D ADDRESS 3503 Pennsylvania Ave Mt Rainier Md DATE SIGNED March 3 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/6/54. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/4/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Frank Sasscer & Sons ADDRESS Hyattsville Md

VS. A15

RECEIVED
MAR 8 1954
BUREAU V. S.

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02865

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Prince George County

City or town: Rural (Wash., D.C.)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? approx 30 yrs

Hospital, institution, or street address where death occurred: RFD 1, Box 97, P.O. Mitchellville, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Rural (Wash., D.C.)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: RFD 1, Box 97, P.O. Mitchellville, Md
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Caroline Matilda Foreman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	N	married

6.(b) Name of husband or wife: William S. Foreman

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 5/10/1871

8. AGE: Years	Months	Days	If less than one day
82 ~~18~~	9		13 hrs. 8 min.

9. Birthplace: Stratford, Ontario Can.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James King
13. Birthplace: Canada

MOTHER
14. Maiden name: Elizabeth Bond
15. Birthplace: London, England

16. Informant: Evangeline M King
Same

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 3/7/54 (month) (day) (year)

Cemetery or crematory: Dantford

Location: Canada

18. Funeral director: Frazier Funeral Home

Address

19. 3/1 1954 Amanda Downey
(Date rec'd by registrar) Registrar

3/6/54 Agnes M. Yingling

MEDICAL CERTIFICATION

20. DATE OF DEATH: March ~~Feb~~ 1, 1954 at 1:08 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1950 to Feb 1954 and that I last saw her alive on Feb 1 1954

Immediate cause of death: Myocardial infarction and congestive heart failure — DURATION: 12 hrs

Due to: Arteriosclerotic cardio-vascular disease — many yrs.

Due to: 420.1

Other conditions: Osteoarthritis, Paget's disease of bone, gallstones — many yrs.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: T. R. Conner, M.D.
M. D. or other

Address: 1241 N. J. Ave. N.W. Wash., D.C. Date signed 2/1/54

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 9 1954
BUREAU V. S.

2877

02866

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 45 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5914 Landover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
STREET ADDRESS (If rural, give location) 5914 Landover Road

3. NAME OF DECEASED (Type or Print) (First) Maybell (Middle) M. (Last) Gardiner
4. DATE OF DEATH (Month) March (Day) 27 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 29 Feb. 1866
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A/

13. FATHER'S NAME James W. Hunter
14. MOTHER'S MAIDEN NAME Ann Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lewis C. Peak Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Pneumonia - bilateral — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis c̄ Right side Paralysis — 6 days

(c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — year

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 22, 1954, to Mar 29, 1954, that I last saw the deceased alive on Mar 26, 1954, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A James Kurtz M D ADDRESS RF D Bowie Md DATE SIGNED 3/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/30/1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Maryland

DATE REC'D BY LOCAL REG. 3/29/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland

APR 1 19..
BUREAU V. E.

2922

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02867

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box.#303 Princess Garden Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural give location) Box# 303 Princess Garden Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) SIMMONS (Last) GILES

4. DATE OF DEATH: (Month) March (Day) 2nd, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 21/ 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Piano Tuner
10b. KIND OF BUSINESS OR INDUSTRY: Music Sales Corp.
11. BIRTHPLACE (State or foreign country): Occuquan, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Giles
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Mrs.Elena Giles, Princess Garden Rd. Lanham, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Acute Coronary Thrombosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1947, to 3-2, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 3-5-1954
NAME OF CEMETERY OR ~~CREMATORY~~ FT. LINCOLN
LOCATION (City, town, or county) (State) Colman Manor, Pr.Geo., Md.

DATE REC'D BY LOCAL REGISTRAR 3/4/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

Carrie F. Campbell

RECEIVED
MAR 9 1954
BUREAU V. S.

2878

02868

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3704 36th St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mrs Mary Marcella Glorius

4. DATE OF DEATH (Month) (Day) (Year) March 29 1954

5. SEX White
6. COLOR OR RACE Female
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-26-05
9. AGE last birthday 48 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Finisher
10b. KIND OF BUSINESS OR INDUSTRY Harris and Ewing
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME W. L. Schofield
14. MOTHER'S MAIDEN NAME Mary M Srimp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 578-03-6971
17. INFORMANT AND ADDRESS Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno Carcinoma both ovaries — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to March 29 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE Norman Dwight Cameron (Degree or title) Md. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 3/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/1/1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 3/30/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

1

RECEIVED
APR 2 1954
BUREAU M

2923

02869

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 342

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant

LENGTH OF STAY (In this place) 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 68th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant

STREET ADDRESS 7 (If rural, give location) 68th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Asa (Middle) Irving (Last) Grimes

4. DATE OF DEATH (Month) (Day) (Year) March 6 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 6, 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fine

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel J. Grimes

14. MOTHER'S MAIDEN NAME: Jamie L. Marstellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: B. M. Grimes Route # 2 Box 21A Vienna, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute carbon monoxide poisoning DUE TO (c)

916.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) Seat Pleasant (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 6 54 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? In a house that caught on fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/9/54

NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Mar. 9, 54

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR F. Gasche Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MAR
BOARD V. P

2924

02870

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Marlboro Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3201-Bunker Hill, Rd

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) V. (Last) HAGAN

4. DATE OF DEATH (Month) Mar. (Day) 2 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: NOV. 26 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk Retired Census Bureau

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael J. Hagan

14. MOTHER'S MAIDEN NAME: Bridgett M. Monaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Peter J. Hagan, Forestville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardiovascular renal disease 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2 ., 1949, to 3/2 ., 1954, that I last saw the deceased alive on 2/27 1954, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Mandel M.D. ADDRESS College Park DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar 5, 1954 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. Mar 2, 1954 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co. — ADDRESS: WASH. D.C.

MARGIN RESERVED FOR BINDING

2879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

112871

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly — LENGTH OF STAY (in this place) 2 Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural give location) 57 H Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy — (Last) Hall

4. DATE OF DEATH: (Month) Mar (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 28 Feb 54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): P.G. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Hall

14. MOTHER'S MAIDEN NAME: Carole E Holien

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

776X

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Feb, 19 54, to 1 Mar, 19 54, that I last saw the deceased alive on 1 Mar, 19 54, and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE Max W. Bloomberg (Degree or title) M.D. ADDRESS 30-1 Ridge Rd. Greenbelt Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 3/11/54 — NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp — LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/14/54 — REGISTRAR'S SIGNATURE Amanda Deeney

24. FUNERAL DIRECTOR Harry W Penn Jr — ADDRESS Capitol Heights

VS. A15

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RECEIVED
MAR 9 1954
BUREAU V.

292

02872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville
STREET ADDRESS (If rural, give location) 1212 - 70th Pl.

3. NAME OF DECEASED (Type or Print) (First) Leona (Middle) Vandalia (Last) Hamilton

4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1954

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 26 1879
9. AGE last birthday 54 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Char Woman
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY U.S. 97

13. FATHER'S NAME Edward Chase
14. MOTHER'S MAIDEN NAME Francelia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Abrose Hamilton, Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Gastro-Enteritis — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) N.A.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to 3-11-, 1954, that I last saw the deceased alive on 3-11-, 1954, and that death occurred at 12 40 17 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Bruce M.D. ADDRESS 3847 Minn. Ave. N.E. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Mon. 15th NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-13-54 REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820 9-St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

2880

02873

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Md
STREET ADDRESS (If rural, give location) 2H Research Road

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) (Last) Hayes

4. DATE OF DEATH (Month) March (Day) 23, (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 17, 1873

9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Altman

14. MOTHER'S MAIDEN NAME Elizabeth Yant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 months

Antecedent cause(s) (b) General arterio-sclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1953, to March 23, 1954, that I last saw the deceased alive on March 23, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE Hans Wodak (Degree or title) M.D. ADDRESS 30-C Bridge Rd Greenbelt, Md DATE SIGNED 2-24-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/25/54 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 3/25/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gaschs Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

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RECEIVED
MAR 26 1954
BUREAU V. S.

2926

02874

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
COUNTY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glenn Dale (RURAL)
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 1448 Juniper St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ross (Middle) A (Last) HEFFELFINGER

4. DATE OF DEATH: (Month) March (Day) 26th (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/2/75
9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Stonecutter
10b. KIND OF BUSINESS OR INDUSTRY: Stonecutting (self)
11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Alfred Heffelfinger
14. MOTHER'S MAIDEN NAME: Rachel Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: William T. Heffelfinger(son) same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute myocardial infarction — Interval Between Onset And Death: 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
001X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silico-tuberculosis — 16 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24/, 1954, to 3/26/, 1954, that I last saw the deceased alive on 3/26/, 1954, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel L. Finucane M.D.
ADDRESS: Glenn Dale Hospital, Glenn Dale, Maryland
DATE SIGNED: 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 3/27/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: 3/26/54
REGISTRAR'S SIGNATURE: Mol Weiss
24. FUNERAL DIRECTOR: The S. H. Hines Co
ADDRESS: 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

2927

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORESTVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8429 LEONA STREET, FORESTVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORESTVILLE, MARYLAND
STREET ADDRESS (If rural give location) 8429 LEONA STREET, FORESTVILLE, MD.

3. NAME OF DECEASED: (Type or Print) (First) EVELINE (Middle) P. (Last) HIMELRIGHT

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 3rd, 1954

5. SEX: Female

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/5/1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 1 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): EVENSBURG, PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CORBETT PARRISH

14. MOTHER'S MAIDEN NAME: ROSE PARRISH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: (SON) VILLE, MD.
MR. PAUL HIMELRIGHT-8429 LEONA STREET, FOREST-

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Acute cardiac decompensation — Interval Between Onset And Death: 3 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Myocardial heart disease with chronic conjestive failure — 16 months

DUE TO (c) 4 2 2.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1952, to March 3, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Carnlsen M.D. — ADDRESS 4400 Bowen Road, S.E. — DATE SIGNED 3/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 3/6/1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) EVENSBURG, PENNSYLVANIA

DATE REC'D BY LOCAL REGISTRAR 3/9/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Martin W. Kyong Co. — ADDRESS 1300-N. St. N.W. Wash. 5, D.C.

Carrie F. Campbell.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bowie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Bowie Race Track

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Hooper

4. DATE OF DEATH (Month) (Day) (Year) 3 - 9 - 1954

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept 25, 1920

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): groom

10b. KIND OF BUSINESS OR INDUSTRY: Race track

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Guy Hooper

14. MOTHER'S MAIDEN NAME: Bertha saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: 2415 Presstman st Thelma Lane Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Cerebral compression

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebro vascular accident

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE, THEREOF 3/13/54 | NAME OF CEMETERY OR CREMATORY Mt Auburn | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 3-11-54 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Geo. A. Kelam | ADDRESS 1303 Presstman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland
STREET ADDRESS (If rural, give location) 5621 - Ager Road -

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) (Last) Jacobi

4. DATE OF DEATH (Month) March (Day) 15, (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 2/16/03

9. AGE last birthday 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Wash. Terminal

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY USA ✓

13. FATHER'S NAME William Jacobi

14. MOTHER'S MAIDEN NAME Elizabeth Theile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 577-07-6128

17. INFORMANT AND ADDRESS Anna C. Jacobi, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193X

Immediate cause (a) Brain tumor [Glioblastoma] — 6 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 3 days

19a. DATE OF OPERATION Mar 9, 54

19b. MAJOR FINDINGS OF OPERATION Brain tumor, left frontal

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1954, to 3-15, 1954, that I last saw the deceased alive on 3-15, 1954, and that death occurred at 1:05 A m., from the causes and on the date stated above.

SIGNATURE Harvey H. Ammerman, M.D. (Degree or title) ADDRESS 2025 I. St. N.W. DATE SIGNED 3-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/17/54

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 3/16/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Nalley's Funeral Home Inc. ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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02878

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERL Y
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5461-Madison Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY P.GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERL Y
STREET ADDRESS (If rural give location) 5461-Madison Way

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) FRANKLIN (Last) JAMES

4. DATE OF DEATH: (Month) March, (Day) 23 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 28, 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Bell Valley, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D. James
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-28-9768
17. INFORMANT & ADDRESS: IDA ANNA JAMES (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Ginnomas of Rt lower lobe of Lung

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1954, to 3/21, 1954 that I last saw the deceased alive on 3/21, 1954 and that death occurred at 2:05pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS 4 [illegible] Main St. [illegible] Md. DATE SIGNED 3/23/54.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF March 26, 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR 3/24/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS, ADDRESS Riverdale, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmount Heights Md.
STREET ADDRESS (If rural, give location) 726 60th Place,.

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Nathaniel (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year) March 12th 1954.
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): --
8. DATE OF BIRTH: Feb 12, 1954
9. AGE last birthday: 1 Month-yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cheverly Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: David Johnson
14. MOTHER'S MAIDEN NAME: Alice B. Deal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Alice B. Deal Fairmount Heights Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 754.4

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congenital heart disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tracheo bronchitis & pneumonitis

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3/14/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3/14/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H.S. Washington & Sons ADDRESS 467 N ST N.W. Wash D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton | LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moores Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Moores Lane

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Clifford (Last) Johnson

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married	July 31, 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Welder	Construction	Tennessee	U. S. A.

13. FATHER'S NAME: Alexander Johnson

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: 6003-43rd St James E. Johnson Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular renal disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 30, 54	Arlington Natl.	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 28. 54	Carrie T. Campbell	W. W. Chamberlain Co	511 11th St. S.E. D.C.

VS. A15A - 5 - 53

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural, give location) 327-58th ave.

3. NAME OF DECEASED (Type or Print): (First) Baby girl (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 3-21-54

9. AGE last birthday: 2 days | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chapel Oaks, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Alice L. Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Respiratory collapse — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 19 54, to 3/23, 19 54, that I last saw the deceased alive on 3/23, 19 54, and that death occurred at 1:22 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Fontaine Jr. M.D. College Park 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE 4/6/54 | NAME OF CEMETERY OR CREMATORY Bruce Memorial Park | LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REG. 4/15/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry C. Penn Jr. ADDRESS Laytonsville

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Horse Head | LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Horse Head Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Jones Jr
4. DATE OF DEATH (Month) March (Day) 28 (Year) 54
5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Single | 8. DATE OF BIRTH Oct 4, 1937 | 9. AGE last birthday 16 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Jones | 14. MOTHER'S MAIDEN NAME Estelle Chesley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Williams Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Hemorrhage and shock — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). Crushed skull and chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of death | (CITY OR TOWN) Horse Head | (COUNTY) P. G. | (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 28 (Year) 54 (Hour) 10 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Occupant Auto struck tree

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James H Boyd M.D. Forestville Md 3-30-54

FINAL DISPOSITION (Burial, Cremation or Removal, Specify) Burial | DATE THEREOF 3-31-54 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) (State) Upper Marlboro Md

DATE RECEIVED BY LOCAL REG. 3/31/54 | REGISTRAR'S SIGNATURE ~~Julia H Bowen~~ L.H. Bevingedeputy | 24. FUNERAL DIRECTOR Hunt Wilson Funeral Home | ADDRESS Upper Marlboro Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4112 Gallatin Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4112 Gallatin Street

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) Missouri (Last) Preston

4. DATE OF DEATH (Month) (Day) (Year) 3 - 18 - 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 5th, 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Randall

14. MOTHER'S MAIDEN NAME: Emily Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Husband — Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490 X

Immediate cause (a) Pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lobar pneumonia — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pleurisy - empyemia - Pericarditis

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF 3/19/54 | NAME OF CEMETERY OR CREMATORY Oklahoma City | LOCATION (City, town, or county) (State) Oklahoma

DATE REC'D BY LOCAL REG. March 19, 1954 | REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 5 yr. 10 mo. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1208 N. Capitol St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN J. LENIHAN
4. DATE OF DEATH (Month) (Day) (Year): 3-14-1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 81 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Telephone
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Lenihan
14. MOTHER'S MAIDEN NAME: Julia Breen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Father Steven F. McNamee 720 N. Calvert St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Lobar Pneumonia (Double) — INTERVAL BETWEEN ONSET AND DEATH: 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Embolism — 1 day

(c) Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-, 1949, to 3-14-, 1954, that I last saw the deceased alive on 3-14-, 1954, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James P. Sands, M.D. Laurel Sanitarium, Laurel, Md. 3-14-1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-17-54
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Hagh D.C.
DATE REC'D BY LOCAL REG.: Mar 14-54
REGISTRAR'S SIGNATURE: M. Beasheare
24. FUNERAL DIRECTOR: Timothy Hanlon ADDRESS: 3831 - GA. Av. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Md
STREET ADDRESS (If rural, give location) 5889 Rawlings Ave.

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) Lynch

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 16-1954
9. AGE last birthday yrs. If under 1 year: Months. Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cheverly, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Boice Lynch
14. MOTHER'S MAIDEN NAME Irene Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5

Immediate cause (a) Respiratory collapse

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1954, to Mar. 19, 1954, that I last saw the deceased alive on Mar. 19, 1954, and that death occurred at 2 15 A.m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) Sud ADDRESS College Park Md DATE SIGNED 3/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/20/54 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Washington (State) Md

DATE REC'D BY LOCAL REG. 3/21/1954 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch & Sons Hyattsville ADDRESS Md

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale 23 — LENGTH OF STAY (in this place) 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 13X-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp 20	STREET ADDRESS Roc Way (If rural, give location) Racemy Farms-

3. NAME OF DECEASED (Type or Print) (First) Anastasia (Middle) (Last) ~~ANNA~~ ~~STACIA~~ Maddock			4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1954		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12-25-1863	9. AGE last birthday 90 yrs.	If under 1 year Months. Days / If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Lyng			14. MOTHER'S MAIDEN NAME Elizabeth Shaunessey ~~Kenfie~~		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Hospital Record - Leland Mem Hosp		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Haemorrhage - Hemiplegia — 2 mos

Antecedent cause(s) (b) Hypertension Heart Disease arteriosclerosis — 1 yr

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/12, 1954, to 3/26, 1954 that I last saw the deceased alive on 3/26, 1954, and that death occurred at 1020 p.m., from the causes and on the date stated above.

SIGNATURE N B Howard (Degree or title) ADDRESS Laurel Md DATE SIGNED 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar 29-1954	NAME OF CEMETERY OR CREMATORY St Marys	LOCATION (City, town, or county) (State) Laurel, Md
DATE REC'D BY LOCAL REG. Mar 28-54	REGISTRAR'S SIGNATURE James Devey	24. FUNERAL DIRECTOR Donald Donaldson	ADDRESS Laurel, Md

March 30 1954

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY: Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly
LENGTH OF STAY (in this place): 3 hrs 20 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Landover
STREET ADDRESS (If rural, give location): 3600-63rd ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNie Maggio

4. DATE OF DEATH (Month) (Day) (Year): 3-26 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1-5-87
9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Phillip sario
14. MOTHER'S MAIDEN NAME: Barkalina Glousa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 9
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Frank Maggio. Landover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	420.1 Pulmonary Edema	4 hrs
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Insufficiency	1 yr
	(c)	Coronary Thrombosis	6 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1953, to March, 1954, that I last saw the deceased alive on 3-26, 1954, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller MD
ADDRESS: Mt Rainier Md
DATE SIGNED: 3-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/29/54
NAME OF CEMETERY OR CREMATORY: Ft Lincoln
LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 3/28/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Gascho sons Hyattsville Md
ADDRESS:

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hights — LENGTH OF STAY (in this place) 35 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5206 T. ST.	STREET ADDRESS (If rural, give location) 5206 T. ST.

3. NAME OF DECEASED (Type or Print) (First) LEWIS (LOUIS) (Middle) A. (Last) MANDLEY (MANLEY)

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG 12, 1881

9. AGE last birthday 72 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Telephone lineman

10b. KIND OF BUSINESS OR INDUSTRY C+P. TEL. CO

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME Charles Mandley

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If year, give war or dates of service) none

16. SOCIAL SECURITY NO. 577-01-3305

17. INFORMANT AND ADDRESS Mary Norton, 5202 V St. S.E. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196X

Immediate cause (a) Heart failure — 48 hours

Antecedent cause(s) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c) Carcinoma of left column. — one year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1954, to 3/1, 1954, that I last saw the deceased alive on 3/1, 1954, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

SIGNATURE Dr. Etienne Szollosi (Degree or title) MD — ADDRESS 2. Parkway Dr. Forrest Heights — DATE SIGNED 3/5 [Md.]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE Mar. 4, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. Mar. -2-54 — REGISTRAR'S SIGNATURE Carrie T. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 517 11 St S.E. D.C.

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MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Andrews AFB, Wash 25, DC
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOQ - Room 1 - Bldg 1-11

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY: Kings
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn
STREET ADDRESS (If rural, give location): 7206 3rd Ave

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) Charles (Last) Manning

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 18 Dec 1910

9. AGE last birthday: 43 yrs. — If under 1 year: Months. 2 Days 14 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): Dublin, Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Deceased

14. MOTHER'S MAIDEN NAME: Mary Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT AND ADDRESS: Military Reds Branch 1st Lt D.B.Verrilli Hq AWS (MATS)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E976

Immediate cause (a)..... Wound, missle, head region, with multiple artery and nerve involvement, due to gunshot (apparently self-inflicted.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b).....

(c).....

INTERVAL BETWEEN ONSET AND DEATH: 3-6 Hours (estimated)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: BOQ Bldg 1-11

(CITY OR TOWN) (COUNTY) (STATE): Andrews AFB, Wash 25, DC Prince Georges, Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 2 1954 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Apparently by gunshot (Self-inflicted)

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 0700 Hrs m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Helen D. Moak — ADDRESS: 1st Lt., USAF(MC) 1401st USAF Inf, Andrews AFB — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY: Pine Lawn Nat'l Cemetery — LOCATION (City, town, or county) (State): Long Island

DATE REC'D BY LOCAL REG. 3/9/54 — REGISTRAR'S SIGNATURE: Margaret E. Wilbur

24. FUNERAL DIRECTOR — ADDRESS: E.C. Waldeck, 7614 4th Ave, Brooklyn, NY

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(2889)

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly	LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Canton STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Marion	(Middle)	(Last) March	4. DATE OF DEATH	(Month) 3	(Day) 9	(Year) 1954		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
F	W	(M)	10-29-07	46 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Va	12. CITIZEN OF WHAT COUNTRY? U.S.a						
13. FATHER'S NAME Thomas B Anderson	14. MOTHER'S MAIDEN NAME Virgie ?								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT AND ADDRESS Harry a March New Canton Va						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
600.0 Immediate cause	(a) Hypertension	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis	4 years.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. ..., 1950., to March 9..., 1954 that I last saw the deceased alive on 3/9/ ..., 1954, and that death occurred at 10^30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hagerge M.D.	Mt. Rainier, Md.	3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/9/54	New Canton	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/54	Amanda Downey	Claude Sone Hyattsville	Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY 9, 9.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside 02X-2
STREET ADDRESS (If rural give location) Box #61

3. NAME OF DECEASED: (Type or Print) (First) Naoma (Middle) C. (Last) Marks.

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 8-1904?
9. AGE last birthday: 49? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ratley M. Cheshire
14. MOTHER'S MAIDEN NAME: Lillian Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joseph L. Marks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinomatous — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma head of pancreas — 11 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23, 1954 to 3-4, 1954, that I last saw the deceased alive on 3-3, 1954, and that death occurred at 5 35 A.M., from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS Hyattsville Md DATE SIGNED 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/8/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 3/4/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L. H. Hine & Co. 2911-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 hrs-20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 5827 Dewey St.

3. NAME OF DECEASED (Type or Print) (First) Becky (Middle) Marie (Last) McBride

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec-31, 1952
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James S. McBride
14. MOTHER'S MAIDEN NAME Helen M. Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.C

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diarrhea with dehydration — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1952, to March 14 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S McGinney Jr. ADDRESS 402 Main St Laurel Md DATE SIGNED 3/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/16/54
NAME OF CEMETERY OR CREMATORY St Lucerne
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 3/15/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascho Sons Hyattsville Md. ADDRESS

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville, Maryland
STREET ADDRESS (If rural, give location): 5114 Decatur Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Counne Estelle McFarland
4. DATE OF DEATH (Month) (Day) (Year): March 15, 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 25, 1892
9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statical Clerk National Geodetic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George M McFarland
14. MOTHER'S MAIDEN NAME: Katherine Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Stella Halloran, Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330X

Immediate cause (a) Subarachnoid hemmorrhage — 1-4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aneurysm of coratid artery

(c) atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Subarachnoid hemorrhage — 7 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1954, to 3-15, 1954; that I last saw the deceased alive on 3-15, 1954; and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Hanley M. Silverberg M.D. — DATE SIGNED: 3-15-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/18/54
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: 3/17/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Gasch's sons, Hyattsville Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6301 Lafayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6301 Lafayette St.

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) Eugene (Last) Miller
4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-3-33
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Messenger
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Edison Miller
14. MOTHER'S MAIDEN NAME: Pearl Irene Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: Father - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 002X

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary tuberculosis DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/25/54
NAME OF CEMETERY OR CREMATORY Wash. National
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. March 24, 1954
REGISTRAR'S SIGNATURE James Severe
24. FUNERAL DIRECTOR W. W. Chambers Co - Riverdale, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02894

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) X

LENGTH OF STAY (in this place) 4 mos., and 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY –

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, 11th

STREET ADDRESS (If rural give location) 2033 1st St., N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) F. (Last) OWENS

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated (not legally)

8. DATE OF BIRTH: 2/22/16

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Senator Cab. Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Forrest Owens

14. MOTHER'S MAIDEN NAME: Frances Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –

16. SOCIAL SECURITY No.: 578-14-8437

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 10 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1953, to 3/6, 1954, that I last saw the deceased alive on 3/6, 1954, and that death occurred at 7:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane MD. ADDRESS Glenn Dale Md. DATE SIGNED March 6/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 3-12-54 NAME OF CEMETERY OR CREMATORY Harmony LOCATION (City, town, or county) (State) 9th & R.I. Ave N.E. WASH. D.C.

DATE REC'D BY LOCAL REGISTRAR 3/7/54 REGISTRAR'S SIGNATURE Neve Weiss

24. FUNERAL DIRECTOR [signature] ADDRESS 51 K St. N.W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale Md. LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS LeLand Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 5605 - 31st Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Randall (Last) Read
4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Separated	April 24-1885	68 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cab Driver	Taxi Cab	Virginia	U.S.A.

13. FATHER'S NAME: Joseph Cornelius Read
14. MOTHER'S MAIDEN NAME: Mollie C. Dishman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
?		579-07-2760	Mrs James R. Read 5605-31st Ave Hyattsville Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Congestive Heart Failure	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Dis.	3 wks
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 19 54, to Mar 2, 1954, that I last saw the deceased alive on Mar 1, 1954, and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L W Mahin MD	Riverdale Md	3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/54	Cedar Hill	Suitland, Prince Georges Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 2 1954 REGISTRAR'S SIGNATURE Mrs. Jas. Stevens (Deputy Registrar)

24. FUNERAL DIRECTOR ADDRESS Wallace Funeral Home, Inc 3200 R.I. Ave, Mt. Rainier, Md.

VS. A15

MAR 5
BUREAU V. S.

2934

0289b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY P. G. Co.; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY P. G. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Pierce

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Sept. 15 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Dept.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Pierce

14. MOTHER'S MAIDEN NAME: Adeline Starr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Daughter Mary Henson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval between Onset and Death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — Interval: several years

(c) Generalized Arteriosclerosis — Interval: several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/6, 1954, that I last saw the deceased alive on 3/4, 1954 and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. James Kurtz M D RFD Bowie Md 3/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/9/54

NAME OF CEMETERY OR CREMATORY: Ebenezer Meth. Ch. Cem.

LOCATION (City, town, or county) (State): Lanham, Md.

DATE REC'D BY LOCAL REG. 3/8/54

REGISTRAR'S SIGNATURE: Amanda Downey / Carrie F. Campbell

24. FUNERAL DIRECTOR: Frazier Funeral Home

ADDRESS: Wash. D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Maryland.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Jean (Last) Pulty

4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-20-49
9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Pulty
14. MOTHER'S MAIDEN NAME: Leafie Mae Self

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4 11 X

Immediate cause (a) Toxemia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diffuse broncho pneumonia DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Amytonia Congenita

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/16/54
NAME OF CEMETERY OR CREMATORY Green Lane
LOCATION (City, town, or county) West Va (State)
DATE REC'D BY LOCAL REG. 3/6/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons, Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Hyattsville
STREET ADDRESS (If rural give location) 5813 - 33rd Ave.

3. NAME OF DECEASED: (Type or Print) (First) ALXred (Middle) (Last) Redmiles
4. DATE OF DEATH: (Month) (Day) (Year) March 2, 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Nov. 19-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: WASHINGTON TERMINAL
11. BIRTHPLACE (State or foreign country): WASHINGTON.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALXred Redmiles
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS MARY BEACH 5813-33rd Ave. W Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder with

~~DUE TO~~

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia 2°. to

DUE TO (c) Kidney Failure

Interval Between Onset And Death: 3 years 4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to 2 Mar., 1954, that I last saw the deceased alive on 2 Mar 1954, and that death occurred at 3:32 PM from the causes and on the date stated above.

SIGNATURE Leon R Gallin (Degree or title) MD ADDRESS 3827-34th St NW Rainier DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 7-1954
NAME OF CEMETERY OR CREMATORY Geo. Washington
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 3/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Tom Lee & Sons ADDRESS 300-4th St NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 8 1954
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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights.
STREET ADDRESS (If rural, give location) 6227 Sheriff Road.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) J. (Last) Savoy

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1954

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 29, 1873

9. AGE last birthday 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral thrombosis & Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) cerebral arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 14 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-54, to 3-15-54, that I last saw the deceased alive on 3-16-54, and that death occurred at 10:00 P.M. m., from the causes and on the date stated above.

SIGNATURE Stanley M. Silverberg M.D. (Degree or title) ADDRESS DATE SIGNED 3-16-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal — DATE 3/16/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 3/16/54 — REGISTRAR'S SIGNATURE Amanda L. Storey

24. FUNERAL DIRECTOR M. K. Roll — ADDRESS No 4339 Hunt Pl. NE

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 542

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6516-Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6516-Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Conrad (Middle) (Last) Schroth

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 2, 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plasterer-Self-Emp.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Jack Schroth, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Cerebral thrombosis DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/17/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 17-54
REGISTRAR'S SIGNATURE Carrie T. Campbell
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15A-6-53

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

02903

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
LENGTH OF STAY (in this place): 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7921 Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
STREET ADDRESS (If rural, give location): 7921 Marlboro Pike

3. NAME OF DECEASED (Type or Print): (First) DOLLY (Middle) KENNER (Last) SEABORN

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 1, 1878
9. AGE last birthday: 75 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Strawsburg, Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Benton Kenner
14. MOTHER'S MAIDEN NAME: Sallie C. Supinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Elsie King, Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

263X

Immediate cause (a) arteriosclerotic cardio-vascular

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Disease — 10 years

(c) Diabetes Mellitus — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1946, to 3/7, 1954, that I last saw the deceased alive on 3/7, 1954, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Brannin Ms. — ADDRESS: 6124 Central Ave, Capitol Hgts Md — DATE SIGNED: 3/7/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/9/54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Mar 9, 1954 — REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517 11th St SE DC

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6318 Jason St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6318 - Jason St.

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Matilda (Last) Seidel

4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-9-04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patric J. Sheehan
14. MOTHER'S MAIDEN NAME: Susan A. MacNamee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wm. E. Spindler - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

580x

Immediate cause (a) Acute cerebral edema
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute yellow atrophy of liver
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/25/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/24/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS Nallup Funeral Home Inc. 3200 - R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

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02902

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38 LENGTH OF STAY (in this place) 6 hrs. - 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 13
STREET ADDRESS (If rural, give location) 4408 Oliver St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) JOSEPH (Last) Serey, Sr.

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH July 1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY R.R. train dispatcher
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Serey
14. MOTHER'S MAIDEN NAME Agnes Noonan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Sarah W. Serey, Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a). Coronary artery occlusion

Antecedent cause(s) Hypertensive arteriosclerotic heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).

(c).

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs. Known 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1954 to 3-15, 1954 that I last saw the deceased alive on 3-15, 1954 and that death occurred at 11.45 p.m., from the causes and on the date stated above.

SIGNATURE John Kehoe (Degree or title) ADDRESS Cheverly Md DATE SIGNED 3-16-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/18/54
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 3/17/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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02904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Pr Georges Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) McNeil (Last) SIMMONS

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan 3 - 1888 -
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Clinton Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles W. Stephenson
14. MOTHER'S MAIDEN NAME Annie R. Mullikin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Arthur E. Simmons Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163X Immediate cause	(a) Pulmonary Hemorrhage	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Right lung with Metastases	3 mo
	(c) General Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION Feb 21 1954
19b. MAJOR FINDINGS OF OPERATION Excision of Metastatic glands from neck Diagnostic
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Natural causes (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 26, 1953, to March 28, 1954, that I last saw the deceased alive on March 27, 1954, and that death occurred at 12 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) 544 Kitchen Hill Rd S.E. ADDRESS DATE SIGNED
Paul C Van Gatten M.D. Washington 28 D.C. March 28 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 31-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Maryland (State)

DATE REC'D BY LOCAL REG. March 28-54
REGISTRAR'S SIGNATURE Howard J Beall
24. FUNERAL DIRECTOR Simmons Bros 1661 gd. Hope Rd S.E.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Hawsan Lane

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) DELPHINIA (Last) Smith

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 28 1865

9. AGE last birthday: 88 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital Records Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — Indeterminate

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1954, to 3/25, 1954, that I last saw the deceased alive on 3/24, 1954, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Julius Kaufman, M.D. Blaemsburg, Md. 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/27/54 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) Laurel — (State) Md.

DATE REC'D BY LOCAL REG. 3/26/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Sacks Sons — ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02906

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location) 8800 Landover Road

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) (NMN) (Last) STAMP

4. DATE OF DEATH: (Month) March (Day) 12th, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 13/1864

9. AGE Last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Charles County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Adams

14. MOTHER'S MAIDEN NAME: Martha Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Walter F. Stamp, 8800 Landover Road, Landover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset And Death 1½ yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 37 to 3-12 19 54 that I last saw the deceased alive on 3-12 19 54, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard Hays M.D. — ADDRESS Hyattsville, Md. — DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 15/54 — NAME OF CEMETERY OR CREMATORY Washington Nat'l Cem. — LOCATION (City, town, or county) (State) Suitland, Pr. Geo., Md.

DATE REC'D BY LOCAL REGISTRAR 3/13/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers Co., Riverdale, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02907

CERTIFICATE OF DEATH

Reg. Dist. No. 705

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WEST HYATTSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3107 MADISON PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PR. GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WEST HYATTSVILLE
STREET ADDRESS (If rural give location) 3107-Madison PLACE

3. NAME OF DECEASED: (Type or Print) (First) Jo Ann (Middle) (Last) Starling

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 3rd 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 8, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER M. STARLING
14. MOTHER'S MAIDEN NAME: DORIS J. RICE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: WALTER M. STARLING - 3107 MADISON PL WEST HYATTSVILLE MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
Immediate cause (a) Bronchopneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart lesion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-3, 1954, that I last saw the deceased alive on 3-2, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 5432 Queen Chapel Rd Hyattsville Md DATE SIGNED 3/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF MARCH 5/54
NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L CEM.
LOCATION (City, town, or county) (State) ARLINGTON VA.

DATE REC'D BY LOCAL REGISTRAR March 4 1954
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS RIVERDALE, MD.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-42

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ? COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxen Hill
STREET ADDRESS (If rural, give location) 5445 - Wheeler Rd. S.E.

3. NAME OF DECEASED (Type or Print): (First) HOWISON (Middle) (Last) SULLIVAN

4. DATE OF DEATH: (Month) MAR (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 1, 1883

9. AGE last birthday: 71 yrs. | If under 1 year: Months. | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Stafford Co. Virginia

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Jonas Sullivan

14. MOTHER'S MAIDEN NAME: Elizabeth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: 578-18-5710

17. INFORMANT AND ADDRESS: Perry H. Sullivan, SON.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4428
Immediate cause (a) Cerebral Hemmorrhage — Interval Between Onset and Death: 4 Days
Antecedent cause (b) Sclerosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cardio - Sclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Nephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29 1954 to March 30 1954 that I last saw the deceased alive on March 29 1954 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Curtis Bode M.D. ADDRESS 35 24th St. N.W. DATE SIGNED 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 2, 1954 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. Mar. 31-54 | REGISTRAR'S SIGNATURE: Carrie L. Campbell

24. FUNERAL DIRECTOR: W. H. Thompson Co. ADDRESS 517 11th St. S.E. D.C.

2939

140.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Croom
LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Croom
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Augustien (Last) Talbot

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 22, 1886

9. AGE Last birthday: 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Motorman

10b. KIND OF BUSINESS OR INDUSTRY: Transit-Company

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Talbot.

14. MOTHER'S MAIDEN NAME: Eliz. (nee Augustien)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Mrs. Pearl Talbot Star Rt., Box 22A., Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Hypertensive C V Disease	12 yrs
	DUE TO (c) Diabetes Mellitus	20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of lower leg & feet — 2 yrs.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Mar., 1954, to 12 Mar., 1954, that I last saw the deceased alive on 12 Mar., 1954, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R R Dassell M D Upper Marlboro Md Mar 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial **DATE THEREOF** 3/16/54 **NAME OF CEMETERY OR CREMATORY** St. Thomas Episcopal **LOCATION** (City, town, or county) Croom, (State) Maryland

DATE REC'D BY LOCAL REG. March 16 1954 **REGISTRAR'S SIGNATURE** John F. Danner

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

VS. A15—11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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02910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5325 - Chapel Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural, give location) 5325 - Chapel Lane

3. NAME OF DECEASED (Type or Print) (First) Janett (Middle) (Last) Taylor

4. DATE OF DEATH (Month) March (Day) 14 (Year) 1954

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓

8. DATE OF BIRTH 3-9-54

9. AGE last birthday yrs. If under 1 year Months Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Taylor

14. MOTHER'S MAIDEN NAME Bertha V. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS James Taylor - 5325 Chapel Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Accidental Strangulation of Premature Newborn

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature - (3 lbs.)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-13, 1954, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE John Robinson, (Degree or title) MD. ADDRESS 1001 Eastern Ave. N.E. DATE SIGNED 3/15/54

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF 3-16-54

NAME OF CEMETERY OR CREMATORY Woodlawn Cem

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3/15/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR S Hall Bros. 621 Fla. Ave. N.W. ADDRESS

1034372401 Carrie T. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0291 L

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince Georges County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md. | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp. 4409 Queensbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash, D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47
STREET ADDRESS (If rural give location) 5717 Sherrier Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Magnus (Last) Tennyson

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	MARRIED	3/11/1895	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Architect	Architecture	Boston, Mass.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Tennis Tennyson	Salma Johnson

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.		—	Hospital Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

190X
Immediate cause (a) Cerebral Thrombosis with left sided hemiplegia — 6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Metastatic Malignant Melanoma — 1 year
DUE TO (c) with Primary site right middle finger and arm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1954, to March 13, 1954, that I last saw the deceased alive on March 13 1954, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fowler C. Jones M.D.	4611 Kenilworth Ave Bladensburg Md.	3-13-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
TRANSPORTATION	3-16-1954	Glenwood Cemetery	Everett Mass.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 13 1954	James Devey	The S H Hines Co 2901	1446 St. N.W. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

2903

02912

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly - 38 | LENGTH OF STAY (in this place) 12 day -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo-Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt Md
STREET ADDRESS (If rural, give location) JOE Ridge Rd

3. NAME OF DECEASED (Type or Print) (First) Glenn (Middle) D. (Last) Thompson

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 23 Jan 1954 | 9. AGE last birthday 64 days | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Glenn H Thompson Jr.

14. MOTHER'S MAIDEN NAME Shirley Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 64 days

Antecedent cause(s) (b) Complete Transposition of Great Vessels — 64 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23, 1954, to 3/28, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 3 15 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 7409 Varnum St Landover Hills Md DATE SIGNED 3/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/30/54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. 3/28/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

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02913

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 5816 Carlyle St

3. NAME OF DECEASED (Type or Print) (First) Hallie (Middle) Timberlake (Last)

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 25 1880

9. AGE last birthday 73 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Millard Button Armstrong

14. MOTHER'S MAIDEN NAME Elia Blanche Parr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
Immediate cause (a) Myocardial infarction — Interval between onset and death: 48 hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary thrombosis — 4 days
(c) Diabetes mellitus — 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1954, to 3-10, 1954, that I last saw the deceased alive on 3-10, 1954, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Hyattsville Md. 3/10/54

23. BURIAL / CREMATION / REMOVAL (Specify) DATE 3-12-54 NAME OF CEMETERY OR CREMATORY Kenesington Cemetery LOCATION (City, town, or county) Kensington (State) Va

DATE REC'D BY LOCAL REG 3/12/54 REGISTRAR'S SIGNATURE Amanda Dawney

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300-4th St. Wash. DC

MARGIN RESERVED FOR BINDING

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02914

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Laurel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 406 Laurel Avenue

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) Elizabeth (Last) Waltz

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH March 9 1874
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Anne Arundel Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Watts
14. MOTHER'S MAIDEN NAME Julia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 406 Laurel Ave Charles Russell Waltz, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

290.0

Immediate cause (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: long duration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pan-Cytopenia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to March, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 11:24 p.m., from the causes and on the date stated above.

SIGNATURE Robert C. Winfield, M.D. (Degree or title) ADDRESS 402 Main Street Laurel Md DATE SIGNED 3/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 26 1954
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. Mar 26-54
REGISTRAR'S SIGNATURE M. Beachears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

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02915

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 15 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5451 Newton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Mineral 85X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wiley Ford
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Norval (Middle) Asbury (Last) Watson
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 31, 1883
9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman-Retired
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Granger Watson
14. MOTHER'S MAIDEN NAME Francis McCaulley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Nancy Jane Watson Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

Immediate cause (a) Cerebral Thrombosis - multiple — 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to 3/22, 1954, that I last saw the deceased alive on 3/18, 1954, and that death occurred at 7 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Donald Cruman M.D. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 3/22/54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE March 26, 1954
NAME OF CEMETERY ~~OR CREMATORY~~ Valey Bend Cemetery
LOCATION (City, town, or county) (State) Randolph County, W. Va.

DATE REC'D BY LOCAL REG. 3/23/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers, ADDRESS Riverdale, Md

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BUREAU V. S.

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0291

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Branch ave and Military Hwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 3403 Greig Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon	Proctor	Weaver	3	8	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Wid	Aug. 7, 1916	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	Construction	Tenn.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James A. Weaver	Stella Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	408-10-7861	Papers on person

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

816X
Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Fracture of the skull, crushed pelvis fractures of left femur and humerus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Place of	21c. (City or town) (County) (State)
		death Silver Hill P. G. Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
3	8	54	5:35 P.M.			Head on collision with a truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel H. Ford M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/11/54	Arlington National	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 11. 1954	Carrie F. Campbell	F. Bacci's Sons	Hyattsville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

V. S.

2907

0291

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 42 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) 4934 Prince George Ave.

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) Grimm (Last) Weingartner
4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6-30-1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher
10b. KIND OF BUSINESS OR INDUSTRY Home-Self Employed
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ferdinand Grimm
14. MOTHER'S MAIDEN NAME Ernestine Kruger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS John F. Weingartner - Beltsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
1988 Immediate cause	(a)	Cardiac Failure	7 days
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Inanition	3 mos.
	(c)	Retroperitoneal Sarcoma	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1954, to 3-29, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 5 ... m., from the causes and on the date stated above.

SIGNATURE Ben H. McConnell, M.D. (Degree or title) ADDRESS Beltsville, Md. (P.G.) DATE SIGNED 3-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/1/1954 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) Colmar Manor, Pr. Geo. (State) Md.

DATE REC'D BY LOCAL REG. March 30 1954 REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale Md.

MAR

DURHAM N. C.

Item 13 & 14 film G 162 3/26/54 cm

2943 M

MARYLAND STATE DEPARTMENT OF HEALTH

02913

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 2 mos. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5623 67th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY — STATE DISTRICT OF COLUMBIA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 3611 39th ST.

3. NAME OF DECEASED (Type or Print): (First) HORACE (Middle) LUCERNE (Last) WILCOX

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 14 1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGENEER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARTFORD CONN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Wilcox

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO.:

17. INFORMANT: MR ALFRED WILLIAM STONER FRIEND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

Immediate cause (a) Generalized CARCINOMATOSIS — 2 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA of the PANCREAS — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF THE LIVER — 1 year

19a. DATE OF OPERATION: Dec 3 1953

19b. MAJOR FINDINGS OF OPERATION: (1) CARCINOMA OF PANCREAS (2) CIRRHOSIS OF LIVER

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1954 to 3/17, 1954 that I last saw the deceased alive on 3/10, 1954, and that death occurred at 10 25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Norman Duncan M.D. 3503 Bunker St Mt Rainier Md 3/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 3/19/54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Ft. Myer, (State) Va.

DATE REC'D BY LOCAL REG. 3/22/54 — REGISTRAR'S SIGNATURE James E. Feeney — 24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co., Riverdale, Md.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M 2909

1. PLACE OF DEATH
COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2817 63th Avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly Maryland.
STREET ADDRESS (If rural, give location): 2817 63th Avenue,.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Ditchfield (Last) Wood

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1954.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 23, 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Ditchfield

14. MOTHER'S MAIDEN NAME: Elizabeth Unsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Ralph G. Tuttle Cheverly Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a): Acute Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive Heart Disease.

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1950, to 3-16, 1954, that I last saw the deceased alive on 3-16 1954, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: O. Dietz (Degree or title) ADDRESS: Hyattsville, Md DATE SIGNED: 3-17-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: March 20, 1954

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REG. 3/19/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 22 1954
BUREAU V. S.